PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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Attorney Docket No. 008312-0309001 UTILITY PATENT APPLICATION First Inventor SUSUMU HISATOMI **TRANSMITTAL** See attached addendum Title

(Only for new horiprovisional applications under 37 GFR 1.55(b))	Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 24] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS						
- Abstract of the Disclosure 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Sheets 2] a. X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuationIdivisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76	9. X Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. X Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. X Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Information Disclosure						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:							
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS							
X Customer Number: 00909	OR Correspondence address below						
Name							
Address							
	State Zip Code						
	elephone Fax						
Name (PrintiType) Dale Sylazar	Registration No. (Attorney/Agent) 28872 Date 30 MAR 2004						

This collection of information is required by 37 CFR 1.53(b). The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Addendum

Invention Title

OPTICAL HEAD APPARATUS, OPTICAL HEAD TRANSFERRING METHOD AND OPTICAL DISK APPARATUS

PTO/SB/17 (10-03)
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FEE TOANS	SAUTTAL	Complete if Known					
FEE TRANS		Application Number	UNKNOWN				
for FY	2004	Filing Date	March 30, 2004				
Effective 10/01/2003. Patent fees are su		First Named Inventor	SUSUMU HISATOMI				
		Examiner Name	UNKNOWN				
Applicant claims small entity status.	See 37 CFR 1.27	Art Unit	UNKNOWN				
TOTAL AMOUNT OF PAYMENT	(\$) 810.00	Attorney Docket No.	008312-0309001				

						Attorney bucket no.							
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)							
Check Credit card Money Other None					3. ADDITIONAL FEES								
X Deposit Account:						Entity							
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1202 18 1201 86	2202 2201	9 43	Claims in excess of 2 Independent claims i		1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))				
1203 290	2203	145	Multiple dependent cl		1810	770	2810	385	For each additional invention to be				
1204 86	2204	43	** Reissue independe over original patent		1801	770	2801	385	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1802	900	1802		Request for expedited examination of a design application					
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**or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, if greatef; For Reissues, see above **or number previously paid, see above **or number previo								(3) (\$)	40.00				
SUBMITTED BY (Complete (if applicable)													
Name (Print/Type) Dale 8/Lazar Registration No. (Attomet/Agent) Registration No. (28872 Telephone (703) 905-2126						26							
Signature ////////////////////////////////////						1-0		Date	March 30, 200				

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